

BOARD OF PLUMBERS

301 S Park

PO Box 200513

Helena, Montana 59620-0513

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E-Mail: dlibsdpplu@mt.gov

Website: www.plumber.mt.gov

EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form. This must be returned to the above address before application will be reviewed.

1. Name of Applicant: _____
LAST FIRST MI
2. Applicant Address: _____
CITY STATE ZIP
3. Please complete the experience section below. Each **Position Title** should be represented by Apprentice, Journeyman or Master plumber.

Dates From	Dates To	Position Title	Description of Plumbing Duties*	Total Hours

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:
- _____
- PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER
5. Address of Employer: _____
- CITY STATE ZIP
6. Telephone of Employer: (____) _____ (____) _____
- PHONE FAX
7. Did the above applicant complete a registered apprenticeship program while in your employ?
- _____ Yes _____ No

PLEASE CONTINUE TO FOLLOWING PAGE

8. **MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

Dates From	Dates To	Description of Plumbing Work*	Total Hours

***ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage**

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

SIGNATURE OF EMPLOYER

TYPE OF LICENSE HELD STATE LICENSED IN LICENSE NUMBER

State of _____

(County) of _____

Signed and sworn to (or affirmed) before me on _____, 200__ by

(name(s) of person(s) making statement) _____

(Signature of notarial officer)

(SEAL)

Residing at

[My commission expires: _____]